

of the clinical training, from which our color has otherwise barred us, we have formulated courses of demonstrations and lectures at weekly conferences. Most of these have been led by our white consulting specialists who have taken soberly the Hippocratic injunction: "I will impart a knowledge of the art to disciples bound by oath according to the law of medicine."

Let me put it clearly: the duty of affording adequate training facilities for Negro physicians and nurses falls on the shoulders of the political and professional leaders. Let us have the chance of training young Negro women

for careers in nursing. No such facility now exists in Essex County. Let us have the chance of training young Negro physicians by internships and residencies in well-staffed hospitals. Let us have the chance of training Negro practitioners by providing them with suitable hospital connections.

Is this asking too much? We want very desperately to purge ourselves of the illnesses and disorders which so disproportionately afflict us. To lift us up, we need your helping hand? Will you give it to us?

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## The Negro Physician

### An Open Letter to the Hospital Boards and White Practitioners of Essex County

**"W**E don't want Negro doctors on our staff, because the Negro is medically backward." So you tell us. The Negro physician, however, being no brighter than his white colleague, cannot accumulate medical maturity without the training afforded by hospital staff work. Consider the vicious circle; you charge us with scientific backwardness; then you keep us from the hospital and clinic,—the only sources of practical medical training; and then you charge us again with incompetence. And meanwhile you see morbidity and mortality rates among the Negro far above the corresponding figures in the white population. The Negro physician, however, laboring among his people in the struggle against disease, is excluded from the only available training facilities.

Official or other statements to the contrary, I challenge anyone to name five Negroes who have and are exercising full staff privileges in the entire group of well-equipped New Jersey hospitals. Nor is it an answer to shrug shoulders and say: "Let them build and man their own hospitals." The Negro population of our community is too weighed down by poverty to construct and maintain a modern institution. And you know it.

Especially shocking is the ex-

clusion of Negro physicians and nurses from tax-supported hospitals. Institutions like the Newark City Hospital, operated and supported by a governmental unit pledged to racial equality, studiously exclude the physicians, internes and nurses of the very race which most needs the services of such hospitals.

In all Essex County only seven Negroes have connections with the large hospitals. Two of them enjoy full courtesy staff privileges; two have clinic appointments and three have limited courtesy privileges—and that is all. All except for the Newark Community Hospital, of course. This little thirty-bed institution is making a brave effort to meet that serious deficiency. To indigents last year it gave almost 8,000 days' service. Twenty Negroes constitute its active attending staff; thirty more are connected with it. Its consulting staff is made up of twenty-five white specialists who, be it here recorded, have given of their time, their energy, their knowledge to help train the Negro physician. They have always come to our aid when called in difficult cases. Thus the poorest patient in this hospital can have, without cost, the expert service of these skilled specialists. In an effort to get for ourselves some